



State of Arizona BOARD OF TECHNICAL REGISTRATION

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VERIFICATION OF EXAMINATIONS AND/OR LICENSURE FOR LANDSCAPE ARCHITECT

To:
From: State of Arizona
Board of Technical Registration
Licensing Department

Note to Applicants: If examinations were taken in Arizona and you are applying for Arizona licensure, you may disregard this form.

Applicants: Complete Section I of this form and forward it to the state board or regulatory agency verifying your licensure or exams. If you took exams in more than one state, you should request verification from each state maintaining exam records for you. You may photocopy this form if necessary. The verifying agency will send this completed form directly to our office. It may be helpful if you would include an envelope addressed to our office using the address listed at the top of this form.

Verifying Agency: Complete Section II for exams or licensure held in your jurisdiction by the individual referenced in Section I. Return the form directly to the Arizona Board using the address or fax number listed at the top of this form.

SECTION I – APPLICANTS

Name	Type of License	Daytime Telephone Number
Address	License Number	I hereby request written the release of related examination records to the State of Arizona.
City, State, Zip Code	Social Security Number	_____ Sign and Date

SECTION II – VERIFYING AGENCY

License held in your State	License Number	Date Issued	Expiration Date
Date Applied	Date Issued	Date Expires	License Number

Has this applicant been subject to any disciplinary action or pending legal action that could affect his professional status in this state?

☐ Yes ☐ No (If yes, please attach an explanation)

METHOD OF LICENSURE

- ☐ CLARB Certification ☐ Grandfather Clause ☐ Oral Exam ☐ Comity ☐ State Exam – (Attach details, i.e. subjects, length)
- ☐ Uniform National Exam (UNE) with passing scores set by CLARB and given without modification to the procedures for administration and evaluation.
- ☐ Landscape Architect Registration Examination (LARE) with passing scores set by CLARB and given without modification to the procedures for administration and evaluation.
- ☐ Other (Explain) _____

Subject	Date Passed

CERTIFICATION	
I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT ACCORDING TO THE OFFICIAL RECORDS OF THIS STATE.	
State_____	
Signature/Title_____	
Date_____Telephone Number_____	
	Seal Imprint

The Board of Technical Registration will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disability Act, you may make your needs known to this agency.